VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY
STATEMENT OF CLAIM FOR UNPAID WAGES

(Please print clearly. We may be unable to assist you if your answers are incomplete.)

YOUR FULL NAME: _____

YOUR STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____ BIRTH DATE: _____

WHAT WAS YOUR JOB TITLE: _____

HIRE DATE: _____ TERMINATION DATE: _____ LAST DATE ACTUALLY WORKED: _____

HAVE YOU DEMANDED PAYMENT OF THE WAGES YOU CLAIM? ☐ YES ☐ NO. IF SO ON WHAT DATE DID YOU ASK FOR YOUR WAGES? _____

NAME OF PERSON WHO REFUSED TO PAY YOU: _____

REASON GIVEN: _____

BUSINESS NAME OF EMPLOYER: _____

TYPE OF BUSINESS: _____

APPROXIMATE NUMBER OF EMPLOYEES: _____

DID THEY USE ANY OTHER NAME(S)? ☐ YES ☐ NO. IDENTIFY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ EMPLOYER'S HOME PHONE: _____

MAILING ADDRESS, IF DIFFERENT FROM STREET ADDRESS:

_____

COMPANY OFFICER OR OWNER: _____ THEIR TITLE: _____

OFFICER/OWNER'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IDENTIFY THE PLACE WHERE YOU PERFORMED WORK FOR THIS BUSINESS. CITY: _____

COUNTY: _____ STATE: _____ STREET ADDRESS: _____

1. ☐ YES ☐ NO IS THIS BUSINESS CLOSED OR IN BANKRUPTCY? If so, circle which status applies.
2. ☐ YES ☐ NO DID YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT? (Attach a photocopy of any agreement you may have)
3. ☐ YES ☐ NO WERE YOU HIRED TO WORK AS A SUBCONTRACTOR OR AN INDEPENDENT AGENT?
4. ☐ YES ☐ NO DID YOU WORK FOR THIS BUSINESS AS A SELF-EMPLOYED PERSON?
5. ☐ YES ☐ NO WERE YOU A CORPORATE DIRECTOR, OWNER OR PARTNER IN THIS BUSINESS?
6. ☐ YES ☐ NO DID YOU FILE A COURT CASE FOR UNPAID WAGES?
   If so, state name of court _____
7. ☐ YES ☐ NO EXCEPT FOR TAXES, WERE MONIES SUBTRACTED FROM YOUR WAGES WITHOUT YOUR WRITTEN CONSENT?
   If so, how much money was deducted? $ _____
   What was the purpose of the deduction? _____
8. ☐ YES ☐ NO DID THE BUSINESS GIVE YOU A "BAD" PAYROLL CHECK? (Attach copies of all bad checks you were given.)
9. CHECK WHAT APPLIES TO YOU: ☐ SALARIED; ☐ HOURLY; ☐ COMMISSIONS; ☐ DAILY RATE; ☐ PAID BY JOB OR PIECE
10. WHAT WAS YOUR RATE OF PAY? $ _____ PER _____ (Hour, Month, Year, Piece, Etc.)
11. FOR WHAT TIME PERIOD WERE YOU NOT PAID YOUR WAGES? _____ (Month-Day-Year) THRU _____ (Month-Day-Year)
12. TOTAL GROSS AMOUNT OF UNPAID WAGES YOU CLAIM: $ _____

("Gross" means before taxes have been subtracted from your wages.) NOTE: Sick Leave, Paid Holidays, Vacation Leave, Severance Benefits, Per Diem and Expense Reimbursements are NOT "wages" within the meaning of the wage statute. DO NOT INCLUDE THESE ITEMS IN THE DOLLAR AMOUNT OF YOUR CLAIM.

USE THIS SPACE TO SHOW US HOW YOU ARRIVED AT THE DOLLAR AMOUNT OF YOUR WAGE CLAIM. ATTACH COPIES OF PAYROLL CHECK STUBS, "BAD CHECKS", FEDERAL W-2 OR 1099 FORMS, EMPLOYMENT AGREEMENTS AND ANY OTHER SUPPORTING DOCUMENTS YOU MAY HAVE.

enter first line here, click on the proceeding lines to continue

I swear and certify that the information I have provided to the Department of Labor and Industry is true and accurate, and I hereby authorize the Virginia Department of Labor and Industry to release any and all information contained in my complaint file, to investigate my charges and to take any action it deems necessary to enforce the provisions of Section 40.1-29, Code of Virginia. I further authorize a photocopy of this complaint form, together with my supporting documents, to be released to the business I have named in this complaint. I understand that if I knowingly make a false statement on this complaint form, or if I knowingly make a false statement to any state member of the Department of Labor and Industry, I could be subject to a fine of up to $10,000 or imprisonment for up to 6 months or both.

_____ DATE: _____

(Signature of Claimant - Please sign in ink)